

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY*
DANIEL J. STANGER
SHRINATH MALUR*
CARL I. BRUNDIDGE*

FREDERICK D. BAILEY
COLIN D. BARNITZ
GENE W. STOCKMAN
OF COUNSEL

JEFFREY M. KETCHUM
Registered Patent Agent

* Bar Membership Other Than Virginia

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PATENT, TRADEMARK
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Date: September 30, 2005

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner C. Davis
Group Art Unit 2665, USPTO

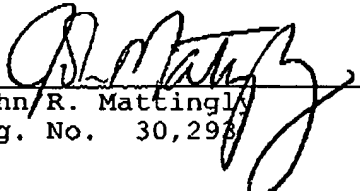
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/649,663
Attorney Docket No.: ASA-1150

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal
Amendment


John R. Mattingly
Reg. No. 30,298


Date

Total Number of Pages (including cover sheet): 8

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FORM PTO-1083

PATENT

Case Docket No. ASA-1150

In RE application of N. SHIMOZONO et al.

Serial No.: 10/649,663

Group Art Unit: 2665

Filed: August 28, 2003

Examiner: C. Davis

For: SWITCH PROVIDED WITH CAPABILITY OF
SWITCHING A PATHAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 5	Minus	** 5	-	0
Indep.	* 2	Minus	*** 2	-	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ is attached in payment of: _____.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120

By:

John R. Mattingly
John R. Mattingly
Registration No. 30,293
Attorney for Applicant(s)

Date: September 30, 2005

ASA-1150

IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED
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Appl. No.: 10/649,663

Confirmation No.: 6928

SEP 30 2005

Applicant: N. SHIMOZONO et al.

Filed: August 28, 2003

Title: SWITCH PROVIDED WITH CAPABILITY OF SWITCHING A PATH

TC/AU: 2665

Examiner: C. Davis

Customer No.: 24956

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT**

Sir:

In response to the Office Action of June 30, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.